Amendment/Reply Transmittal Letter Application No. 10/615,954 Attorney's Docket No. 1016660-000164

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igoremsize No additional claim fee is required.

An additional claim fee is required, and is calculated as shown below:

		AMENDE	D CLAIMS			
	No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additio	nal Fee
Total Claims	20	21	0	x \$ 50 (1202)	\$	0
Independent Claims	3 .	3	0	x \$ 200 (1201)		0
☐ If Amendment adds multiple dependent claims, add \$ 360 (1203)					\$	0
Total Claim Amendment Fee				\$	Ó	
☐ Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee					0	
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT				\$	0	

	Charge	to Deposit Account No. 02-4800 for the fee due.	
	A check in the amount of	is enclosed for the fee due.	
	Charge	to credit card for the fee due. Form PTO-2038 is a	attached.
\boxtimes	37 C.F.R. §§ 1.16, 1.17 a	thorized to charge any appropriate fees under and 1.20(d) and 1.21 that may be required by this part, to Deposit Account No. 02-4800. This paper is s	aper, and ubmitted

Respectfully submitted,

BUCHANAN INGERSOLL & ROONEY PC

Date April 20, 2007

Roger HI Lee

Registration No. 46317

P.O. Box 1404 Alexandria, VA 22313-1404 703 836 6620

